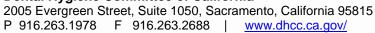


Dental Hygiene Committee of California





REQUEST FOR CERTIFICATION OF LICENSE

\$25.00 FEE REQUIRED		For Office Use Only:
For each request		Cashiering No.:
		Prepared by:
		Date Mailed:
Please type or print clearly in ink. Be sure to	provide all information.	
	VITAL INFORMATION	
Current Name:		
Prior Last Name(s):		
License Number	Social Security No	
Address of Record		
City	State	Zip Code
Business Phone ()	Residence Phone ()	
Address you wish the certification to	to be sent:	
DECLARATION: I authorize the Denta California auxiliary license to the address		to send a certification of my
I declare under penalty of perjury undecorrect. This declaration is executed of		5 5
Signature		

Please allow 30 days for your certification request to be processed.